

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-018757

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 323 Primary Registration District No. 3274 Registrar's No. 108

FILED MAY 1 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>NEW MADRID</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>SIKESTON</b>		c. CITY OR TOWN <b>MATTHEWS</b>	
Length of stay in lb <b>5 days</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MO. DELTA COMMUNITY HOSP.</b>		d. STREET ADDRESS (If outside, give location) <b>RT. # 3</b>	
3. NAME OF DECEASED (Type or print) First <b>WALTER</b> Middle <b>PAUL</b> Last <b>SCHUERENBERG</b>		4. DATE OF DEATH Month <b>4</b> Day <b>13</b> Year <b>63</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/26/1911</b>
9. AGE (last birthday) <b>52</b>		10. IF UNDER 1 YEAR Months <b>8</b> Days <b>10</b>	
11. BIRTHPLACE (City and state or country) <b>Kewanee, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Paul F. Schuerenberg</b>		13b. MOTHER'S MAIDEN NAME <b>Iva Martin</b>	
14. NAME OF HUSBAND OR WIFE <b>Hazel Schuerenberg</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates) <b>No.</b>	
16. SOCIAL SECURITY NO. <b>98</b>		17. INFORMANT Address <b>Hazel Schuerenberg Matthews, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinomatosis.</b> DUE TO (b) <b>Carcinoma of Sigmoid</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause (last). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH <b>8 mo.</b> <b>8 mo.</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Siikeston, Mo.</b>	
21. I attended the deceased from _____, to <b>4-13-63</b> and last saw him alive on <b>4-13-63</b> Death occurred at <b>1:35 P.</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>William J. August, M.D.</b>	
22b. ADDRESS <b>1012 N. Main St. Benton, Mo.</b>		22c. DATE SIGNED <b>4/22/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4/15/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	23d. LOCATION (City, town, or county) (State) <b>Siikeston, Mo.</b>
24. FUNERAL DIRECTOR <b>Richards Funeral Home</b> Address <b>New Madrid, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>April 25-1963</b>	
26. REGISTRAR'S SIGNATURE <b>Jessette Waldman</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

MAY 8 1963

JAN 31 1964

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*B. H. Hedges*

Licensed Embalmer No. 3803

P. O. Address New Madrid, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued April 13-1963